Case 1:18-bk-11671-VK Doc 10 Filed 07/16/18 Entered 07/16/18 13:49:29 Desc

| | | Main Doci | <u>imeni Pade Lo</u> | 1.35 | |
|------------------------|--------------------------|--------------------|----------------------|------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Javier Casares G | arcia | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | CENTRAL DISTRICT C | PF CALIFORNIA | | |
| Case number (if known) | 1:18-bk-11671 | | | | ☐ Check if this is an amended filing |
| | | | | | g |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Pa | rt 1: Summarize Your Assets | | |
|----|---|-------------|---------------------------|
| | | Your a | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 451,171.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 19,500.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 470,671.00 |
| Pa | rt 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 371,613.37 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 944.69 |
| | Your total liabilities | \$ | 372,558.06 |
| Pa | rt 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 4,700.39 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,868.00 |
| Pa | Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo | ur other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal | , family, or |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Case 1:18-bk-11671-VK Doc 10 Filed 07/16/18 Entered 07/16/18 13:49:29 Page 2 of 35 (ase number (if known) 1:18-bk-11671 Main Document

Debtor 1 Javier Casares Garcia

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form \$ 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

6,768.41

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Case | e 1:18-pk-11 | | Main I | Document Page 3 of 35 |)//16/18 | 3 13:49:2 | 9 Desc | |
|--|---|---|---------------------------------------|--|--------------------------|--|--|--|
| Fill in this infor | mation to identify | | | | | | | |
| Debtor 1 | Javier Casaı | es Garcia | | | | | | |
| Dahtan 0 | First Name | Middle | Name | Last Name | | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle | Name | Last Name | | | | |
| United States Ba | ankruptcy Court for | the: CENTRAL | DISTRI | CT OF CALIFORNIA | | | | |
| Case number | 1:18-bk-11671 | | | | | | ☐ Check if this is an | |
| | 1110 BK 11071 | | | | | ' | amended filing | |
| | orm 106A/B le A/B: Pi | - | | | | | 12/15 | |
| hink it fits best. Enformation. If mon | Be as complete and a re space is needed, a stion. | accurate as possibl attach a separate sh | e. If two neet to ti | only once. If an asset fits in more than one of married people are filing together, both are e his form. On the top of any additional pages, v | qually respo | nsible for sup | plying correct | |
| 1.1 | | | What | t is the property? Check all that apply | | | | |
| | xander Street | | • | Single-family home | Do not deduc | ct secured clair | ns or exemptions. Put | |
| Street address, | , if available, or other des | cription | Duplex or multi-unit building the amo | | | nount of any secured claims on <i>Schedule E</i> ors <i>Who Have Claims Secured by Property</i> | | |
| San Ferna | | 91340-0000 | | | Current valuentire prope | rty? | Current value of the portion you own? | |
| City | State | ZIP Code | | Investment property Timeshare | | ,171.00 | \$451,171.00 | |
| | | | □ Who | Other has an interest in the property? Check one | | simple, tena | ur ownership interest ncy by the entireties, or | |
| | | | | Debtor 1 only | Fee simp | le | | |
| Los Ange | eles | | | Debtor 2 only | | | | |
| , | | | | | ☐ Check i | | nunity property | |
| | | | | r information you wish to add about this item, erty identification number: | , such as loc | al | | |
| | Incomban 60 | | | | | | | |
| | | | | your entries from Part 1, including any e r here | | > | \$451,171.00 | |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Case 1:18-bk-11671-VK Doc 10 Filed 07/16/18 Entered 07/16/18 13:49:29 Page 4 of 35
Case number (if known) 1:18-bk-11671 Main Document Debtor 1 **Javier Casares Garcia** 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Chevrolet Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Silverado Model: ■ Debtor 1 only Creditors Who Have Claims Secured by Property. Year: 2002 Debtor 2 only Current value of the Current value of the Approximate mileage: 169,910 Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$5,000.00 \$5,000.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Chevrolet Who has an interest in the property? Check one 3.2 Make: the amount of any secured claims on Schedule D: Suburban Creditors Who Have Claims Secured by Property. ■ Debtor 1 only Model: 2000 Year: Debtor 2 only Current value of the Current value of the 174,136 Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another \$2,500.00 \$2,500.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Ford 3.3 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Bronco** Creditors Who Have Claims Secured by Property. Model: ■ Debtor 1 only 1989 Year: Debtor 2 only Current value of the Current value of the 450,246 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another \$1,500.00 \$1,500.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Dodge Who has an interest in the property? Check one 3.4 Make: the amount of any secured claims on Schedule D: Wagon Creditors Who Have Claims Secured by Property. Model: ■ Debtor 1 only 1975 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: 886,276 ☐ Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$1,000.00 \$1.000.00 ☐ Check if this is community property (see instructions)

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

■ No

☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here......>>

\$10,000.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Case 1:18-bk-11671-VK Doc 10 Filed 07/16/18 Entered 07/16/18 13:49:29 35 Case number (if known) 1:18-bk-11671 Main Document Page 5 of Debtor 1 **Javier Casares Garcia** 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... \$2,000.00 Furniture & Kitchen Appliances 7 Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe..... Television, Radio, Electronic Devices & Cell Phones \$2,500.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... \$1.000.00 Everyday Wear 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ■ No ☐ Yes. Describe.....

13. Non-farm animals

Examples: Dogs, cats, birds, horses

■ No

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

■ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$5,500.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured

Case 1:18-bk-11671-VK Doc 10 Filed 07/16/18 Entered 07/16/18 13:49:29 Desc

Page 6 of 35
Case number (if known) 1:18-bk-11671 Main Document Debtor 1 **Javier Casares Garcia**

| | | | | | claims or exemptions. |
|----|---|------------------------------------|---|---|-------------------------------|
| 16 | Cash Examples: Money you have ■ No □ Yes | | • | box, and on hand when you file your petition. | on |
| 17 | | | al accounts; certificates of de counts with the same instituti | eposit; shares in credit unions, brokerage h on, list each. | nouses, and other similar |
| | ■ Yes | | Institution name | 9 : | |
| | 17 | Checking 8 7.1. Savings | & Wells Fargo | | \$3,800.00 |
| | 17 | 7.2. Checking | Bank of Ame | rica | \$200.00 |
| 18 | Bonds, mutual funds, or pu Examples: Bond funds, inve | | cks ith brokerage firms, money r | market accounts | |
| | ■ No □ Yes | Institution or is | ssuer name: | | |
| 19 | Non-publicly traded stock a joint venture | and interests in in | ncorporated and unincorpo | orated businesses, including an interes | t in an LLC, partnership, and |
| | ■ No | | | | |
| | ☐ Yes. Give specific informa | tion about them Name of entity: | | % of ownership: | |
| 20 | . Government and corporate Negotiable instruments inclu Non-negotiable instruments | ide personal check | s, cashiers' checks, promiss | sory notes, and money orders. | |
| | ■ No | | | | |
| | ☐ Yes. Give specific informat | ion about them | | | |
| | | Issuer name: | | | |
| 21 | . Retirement or pension acco | | 1(k), 403(b), thrift savings ac | ecounts, or other pension or profit-sharing | plans |
| | ■ No | | | | |
| | ☐ Yes. List each account sep | parately. ype of account: | Institution name | e: | |
| 22 | Security deposits and prep Your share of all unused dep | ayments posits you have ma | | e service or use from a company , gas, water), telecommunications compan | nies, or others |
| | ☐ Yes | | Institution name | e or individual: | |
| 23 | . Annuities (A contract for a p | eriodic payment of | money to you, either for life | or for a number of years) | |
| | ■ No □ Yes Issuer | name and descript | ion. | | |
| 24 | 26 U.S.C. §§ 530(b)(1), 529A | | | m, or under a qualified state tuition pro | ogram. |
| | ■ No □ Yes Instituti | ion name and desc | cription. Separately file the re | ecords of any interests.11 U.S.C. § 521(c): | |
| 25 | _ ' ' | interests in prope | erty (other than anything lis | sted in line 1), and rights or powers exe | ercisable for your benefit |
| | No☐ Yes. Give specific informa | tion about them | | | |

Official Form 106A/B Schedule A/B: Property page 4

| | Case 1:18-bk-11671-VK | Doc 10 File | ed 07/16/18 | Entered 07/16/2 | 18 13:49:29 | Desc |
|--------------------------------|---|-----------------------|-----------------------|--|-----------------------|--|
| Debtor | 1 Javier Casares Garcia | Main Docui | ment Pag | e 7 of 35 Case number (ii | f known) 1:18-bk | -11671 |
| Exa ■ N | ents, copyrights, trademarks, trade seamples: Internet domain names, websites to es. Give specific information about them | s, proceeds from roya | | | | |
| Exa ■ N | enses, franchises, and other general in amples: Building permits, exclusive licens to es. Give specific information about them | es, cooperative asso | ociation holdings, I | quor licenses, profession | al licenses | |
| Money | or property owed to you? | | | | porti Do no | ent value of the on you own? ot deduct secured as or exemptions. |
| ■ N | refunds owed to you o es. Give specific information about them, | including whether yo | ou already filed the | returns and the tax years | 3 | |
| Exa ■ N | nily support amples: Past due or lump sum alimony, s lo es. Give specific information | pousal support, child | d support, mainten | ance, divorce settlement, _l | property settlement | t |
| Exa ■ N | ner amounts someone owes you amples: Unpaid wages, disability insurand benefits; unpaid loans you made to es. Give specific information | | ity benefits, sick pa | ny, vacation pay, workers' | ' compensation, So | icial Security |
| 31. Inte <i>Ex</i> a | erests in insurance policies amples: Health, disability, or life insurance | | | , homeowner's, or renter's | s insurance | |
| ■ Y | es. Name the insurance company of each Company name | | alue. | Beneficiary: | Surı valu | render or refund ue: |
| | Death Benef Through Em | | | Hunter Rodriguez & Angelita Rodriguez | <u> </u> | \$0.00 |
| lf y | / interest in property that is due you fro ou are the beneficiary of a living trust, exp meone has died. | | | icy, or are currently entitle | d to receive proper | ty because |
| | o es. Give specific information | | | | | |
| | ims against third parties, whether or n | | | ı demand for payment | | |

■ No

 $\hfill\square$ Yes. Describe each claim.......

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

■ No

☐ Yes. Describe each claim.......

35. Any financial assets you did not already list

■ No

 \square Yes. Give specific information..

Doc 10 Filed 07/16/18 Case 1:18-bk-11671-VK Entered 07/16/18 13:49:29

Page 8 of 35
Case number (if known) 1:18-bk-11671 Main Document **Javier Casares Garcia** Debtor 1 Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$4,000.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$451,171.00 Part 2: Total vehicles, line 5 \$10,000.00 57. Part 3: Total personal and household items, line 15 \$5,500.00

\$4,000.00

\$19,500.00

\$0.00

\$0.00

\$0.00

Copy personal property total

Total personal property. Add lines 56 through 61... 63. Total of all property on Schedule A/B. Add line 55 + line 62

Part 6: Total farm- and fishing-related property, line 52

Part 4: Total financial assets, line 36

60.

61.

Part 5: Total business-related property, line 45

Part 7: Total other property not listed, line 54

\$470,671.00

\$19,500.00

Official Form 106A/B Schedule A/B: Property page 6 Case 1:18-bk-11671-VK Doc 10 Filed 07/16/18 Entered 07/16/18 13:49:29 Des

| Fill in this info | rmation to identify your | case: | | |
|---|--------------------------|--------------------|--------------|-----------------------------------|
| Debtor 1 | Javier Casares G | arcia | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | CENTRAL DISTRICT O | F CALIFORNIA | |
| Case number | 1:18-bk-11671 | | | |
| (if known) | | | | ☐ Check if this is amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemptions a | re you claiming | ? Check one only | , even if you | r spouse is filing | g with y | you. |
|----|---------------------------|-----------------|------------------|---------------|--------------------|----------|------|
|----|---------------------------|-----------------|------------------|---------------|--------------------|----------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption | |
|--|--------------------------------------|-----------------------------------|---|------------------------------------|--|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| 503 N Alexander Street San Fernando, CA 91340 Los Angeles | \$451,171.00 | | \$79,557.63 | C.C.P. § 704.730 | |
| County Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Furniture & Kitchen Appliances Line from Schedule A/B: 6.1 | \$2,000.00 | | \$2,000.00 | C.C.P. § 704.020 | |
| Ellie Holli Goriedale A/B. G.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Television, Radio, Electronic Devices & Cell Phones | \$2,500.00 | | \$2,500.00 | C.C.P. § 704.020 | |
| Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Everyday Wear Line from Schedule A/B: 11.1 | \$1,000.00 | | \$1,000.00 | C.C.P. § 704.020 | |
| Zillo Holli Govicadio / v.Z. 1 111 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Checking & Savings: Wells Fargo | \$3,800.00 | | \$3,800.00 | C.C.P. § 704.070 | |
| Ellic IIolii Sorieddie A/D. 1111 | | | 100% of fair market value, up to any applicable statutory limit | | |

Entered 07/16/18 13:49:29 Case 1:18-bk-11671-VK Doc 10 Filed 07/16/18 Desc Main Document Page 10 of 35 **Javier Casares Garcia** 1:18-bk-11671 Debtor 1 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Checking: Bank of America** C.C.P. § 704.070 \$200.00 \$200.00 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

Case 1:18-bk-11671-VK Doc 10 Filed 07/16/18 Entered 07/16/18 13:49:29 Desc

| | | | Main Document | Page 1 | 11 of 35 | | |
|---------|-------------------------------------|-------------------------|---|---------------|---|--------------------------|-------------------|
| Filli | in this informa | tion to identify yοι | ır case: | | | | |
| Deb | tor 1 | Javier Casares | Garcia | | | | |
| | | First Name | | st Name | | - | |
| | tor 2 | | | | | _ | |
| (Spou | use if, filing) | First Name | Middle Name Las | st Name | | | |
| Unit | ed States Bank | ruptcy Court for the | : CENTRAL DISTRICT OF CALIFOR | RNIA | | | |
| Coo | a numbar 4.4 | 10 5 5 44074 | | | | | |
| (if kno | | 18-bk-11671 | | | | ☐ Check | if this is an |
| | , | | | | | _ | ded filing |
| | | | | | | | 3 |
| Offi | icial Form | <u>106D</u> | | | | | |
| Sc | hedule D | : Creditors | Who Have Claims Se | cured | by Propert | V | 12/15 |
| | | | | | | | |
| | | | If two married people are filing together, bout, number the entries, and attach it to the | | | | |
| | er (if known). | | , | | , | | |
| 1. Do | any creditors ha | ive claims secured by | y your property? | | | | |
| ı | □ No. Check th | nis box and submit t | his form to the court with your other sch | edules. You | have nothing else t | to report on this form. | |
| - 1 | Yes. Fill in al | Il of the information | below. | | | | |
| Part | List All S | Secured Claims | | | | | |
| | | | more than one secured claim, list the creditor | congrately | Column A | Column B | Column C |
| for ea | ach claim. If more | e than one creditor has | s a particular claim, list the other creditors in F | | Amount of claim | Value of collateral | Unsecured |
| much | h as possible, list | the claims in alphabeti | cal order according to the creditor's name. | | Do not deduct the value of collateral. | that supports this claim | portion If any |
| 0.4 | Wells Fargo | Home | | | | | |
| 2.1 | Mortgage | | Describe the property that secures the c | laim: | \$348,613.37 | \$451,171.00 | \$0.00 |
| | Creditor's Name | | 503 N Alexander Street San | _ | | | |
| | | | Fernando, CA 91340 Los Ange | les | | | |
| | | | As of the date you file, the claim is: Chec | k all that | | | |
| | P.O. Box 51 | - | apply. | K all triat | | | |
| | Los Angeles | | Contingent | | | | |
| | Number, Street, Cr | ty, State & Zip Code | Unliquidated | | | | |
| Who | owes the debt | ? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| _ | Debtor 1 only | | An agreement you made (such as morto | nage or secur | · ha | | |
| | Debtor 2 only | | car loan) | Jage of Secur | eu | | |
| | Debtor 1 and Debtor | or 2 only | ☐ Statutory lien (such as tax lien, mechan | ic's lien) | | | |
| _ | | debtors and another | ☐ Judgment lien from a lawsuit | , | | | |
| □с | heck if this clain | n relates to a | Other (including a right to offset) | | | | |
| (| community debt | | | | | | |
| Date | debt was incurr | ed 2006 | Last 4 digits of account number | 3908 | | | |
| | | | | | | | |
| | Wells Fargo | Home | | | | | |
| 2.2 | Mortgage | | Describe the property that secures the c | laim: | \$23,000.00 | \$451,171.00 | \$0.00 |
| | Creditor's Name | | 503 N Alexander Street San | | | | |
| | | | Fernando, CA 91340 Los Ange | les | | | |
| | P.O. Box 51 | - | As of the date you file, the claim is: Chec | k all that | | | |
| | Los Angeles | s, CA | apply. | K all tilat | | | |
| | 90051-5420 | | Contingent | | | | |
| | Number, Street, Ci | ty, State & Zip Code | ☐ Unliquidated | | | | |
| Who | owes the debt | ? Check one | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| | | - Shook one. | ☐ An agreement you made (such as mortg | nane or secu | red | | |
| _ | Debtor 1 only Debtor 2 only | | car loan) | jugo oi secul | | | |
| _ | pebtor ∠ only Debtor 1 and Debto | or 2 only | ☐ Statutory lien (such as tax lien, mechan | ic's lien) | | | |
| | | debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| _ | check if this clain | | = | e of Cred | it | | |
| | | | | | | | |

 \square Check if this claim relates to a community debt

Case 1:18-bk-11671-VK Doc 10 Filed 07/16/18 Entered 07/16/18 13:49:29 Desc Main Document Page 12 of 35

| Debtor 1 | Javier Cas | ares Garcia | | | Case number (if know) | 1:18-bk-11671 | |
|--|-------------------|-------------|---------------------------------|------|-----------------------|---------------|--|
| | First Name | Middle Name | Last Name | | | | |
| Date debt | was incurred | 9/2006 | Last 4 digits of account number | 1998 | | | |
| | | | | | | | |
| Add the dollar value of your entries in Column A on this page. Write that number | | | | ere: | \$371,613 | .37 | |
| If this is the last page of your form, add the dollar value totals from all pages. Write that number here: | | | | | \$371,613 | .37 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| , | Case 1.18-0K-110/1- | | Document | | 2 13 of 35 | .0/18 13.49.2 | 29 Desc |
|------------------------------|---|----------------------|--|----------------|----------------------------|-------------------------|---------------------------|
| Fill in this | information to identify your o | | i Documeni | Paul | : 13 01 33 | | |
| | | _ | | | | | |
| Debtor 1 | Javier Casares Ga | Arcia Middle Nam | e | Last Name | | _ | |
| Debtor 2 | | | | | | | |
| (Spouse if, filir | ng) First Name | Middle Nam | е | Last Name | | | |
| United Sta | tes Bankruptcy Court for the: | CENTRAL DIS | STRICT OF CALIFO | ORNIA | | _ | |
| Case numl | ber 1:18-bk-11671 | | | | | | |
| (if known) | 1.10 DK 11071 | | | | | | check if this is an |
| | | | | | | a | mended filing |
| O(() - 1 - 1 | E 400E/E | | | | | | |
| | Form 106E/F | | | NI - • | | | 40/45 |
| Schedu | ıle E/F: Creditors W | no Have L | Insecured C | laims | | | 12/15 |
| eft. Attach t name and ca | Creditors Who Have Claims Section he Continuation Page to this paguse number (if known). List All of Your PRIORITY Un | e. If you have no | information to repor | | | | |
| 1. Do any | creditors have priority unsecured | d claims against | you? | | | | |
| ■ No. | Go to Part 2. | | | | | | |
| ☐ Yes. | | | | | | | |
| Part 2: | List All of Your NONPRIORIT | Y Unsecured C | laims | | | | |
| 3. Do any | creditors have nonpriority unsec | ured claims agai | nst you? | | | | |
| □ No. | You have nothing to report in this pa | art. Submit this for | m to the court with yo | ur other sche | edules. | | |
| Yes. | | | · | | | | |
| unsecui | of your nonpriority unsecured cla red claim, list the creditor separately e creditor holds a particular claim, li | for each claim. For | or each claim listed, ic | dentify what t | ype of claim it is. Do not | list claims already inc | cluded in Part 1. If more |
| | | | | | | | Total claim |
| 4.1 C c | omenity - Lane Bryant Reta | ail L | ast 4 digits of accou | nt number | 0847 | | \$42.71 |
| | npriority Creditor's Name | | | 10 | 2/2242 | | |
| | O. Box 659728 an Antonio, TX 78265-9728 | | hen was the debt in | curred? | 3/2018 | | - |
| | mber Street City State Zlp Code | | s of the date you file | , the claim i | s: Check all that apply | | |
| Wh | no incurred the debt? Check one. | | | | | | |
| | Debtor 1 only | | Contingent | | | | |
| | Debtor 2 only | | Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | | Disputed | | | | |
| | At least one of the debtors and and | other T | ype of NONPRIORIT | Y unsecured | d claim: | | |
| | Check if this claim is for a comm | _{nunity} [| Student loans | | | | |
| del Is t | bt the claim subject to offset? | | Obligations arising of port as priority claims | | ration agreement or divo | orce that you did not | |
| | No | | Debts to pension or | profit-sharin | g plans, and other simila | r debts | |
| | Yes | | Other Specify Cr | redit card | purchases | | |

Case 1:18-bk-11671-VK Doc 10 Filed 07/16/18 Entered 07/16/18 13:49:29

Page 14 of 35 Case number (if know) Main Document Debtor 1 Javier Casares Garcia 1:18-bk-11671 4.2 **Fingerhut** Last 4 digits of account number 2460 \$728.46 Nonpriority Creditor's Name P.O. Box 166 When was the debt incurred? 3/2018 Newark, NJ 07101 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes 4.3 **Home Depot Credit Services** Last 4 digits of account number 6623 \$173.52 Nonpriority Creditor's Name P.O. Box 78011 When was the debt incurred? 6/2018 Phoenix, AZ 85062 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Credit card purchases Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total Claim** Domestic support obligations

| Total | |
|-------------|--|
| claims | |
| from Part 1 | |
| | |
| | |
| | |

| va. | Domestic support obligations | va. | » | 0.00 |
|-----|---|-----|----------|----------|
| 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | Tot | al Claim |

6f

Total claims from Part 2

| 01. | Ottation Touris | 01. | Ψ | |
|-----|---|-----|----|--|
| | | | | |
| 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | |
| 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | |
| 6i. | Other. Add all other nonpriority unsecured claims. Write that amount | 6i. | | |

here.

Student loans

6f

0.00

0.00 0.00

944.69

Case 1:18-bk-11671-VK Doc 10 Filed 07/16/18 Entered 07/16/18 13:49:29 Page 15 of 35 Case number (if know) Main Document

1:18-bk-11671

Debtor 1 Javier Casares Garcia

6j. \$ Total Nonpriority. Add lines 6f through 6i. 944.69 Case 1:18-bk-11671-VK Doc 10 Filed 07/16/18 Entered 07/16/18 13:49:29 Des

| | | IVIZILLEZANA | | 1 |
|---------------------|---------------------------|--------------------|--------------|---|
| Fill in this info | ormation to identify your | case: | | |
| Debtor 1 | Javier Casares G | arcia | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States I | Bankruptcy Court for the: | CENTRAL DISTRICT O | F CALIFORNIA | |
| Case number | 1:18-bk-11671 | | | |
| (if known) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | whom you have the r, Street, City, State and ZIP | e contract or lease Code | State what the contract or lease is for |
|-----|-----------|--------------|---|-----------------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| 2.3 | City | | State | ZIF Code | |
| 2.0 | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | - ', | | | | |
| | Name | | | | _ |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.5 | J.1., | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | 2, | | • | 0000 | |

| | Case 1.18-DK-110/1 | -VK DOC 10 F Main Docu | | 7 of 35 | .8 13.49.29 Desc |
|----------------------------|---|---|-------------------------------|---------------------------------------|--|
| Fill in this | s information to identify your | | mem Faue | 7 (11 5).) | |
| Debtor 1 | Javier Casares G | arcia | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fi | ling) First Name | Middle Name | Last Name | | |
| United St | ates Bankruptcy Court for the: | CENTRAL DISTRICT C | F CALIFORNIA | | |
| Case nun | nber 1:18-bk-11671 | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| Officia | al Form 106H | | | | |
| | dule H: Your Cod | ebtors | | | 12/15 |
| fill it out, a your nam | | boxes on the left. Attacl). Answer every question | n the Additional Page t i. | o this page. On the to | needed, copy the Additional Page, op of any Additional Pages, write |
| | , | , | | | |
| ■ No □ Ye | | | | | |
| | thin the last 8 years, have you na, California, Idaho, Louisiana | | | | |
| ` | o. Go to line 3. es. Did your spouse, former spo | use, or legal equivalent liv | e with you at the time? | | |
| in lin Form | e 2 again as a codebtor only i | if that person is a guaran | tor or cosigner. Make | sure you have listed t | ng with you. List the person shown the creditor on Schedule D (Official , Schedule E/F, or Schedule G to fil |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The cr Check all schedul | editor to whom you owe the debt es that apply: |
| 3.1 | | | | ☐ Schedule D, lir | ne |
| 0.1 | Name | | | _ □ Schedule E/F, | |
| | | | | ☐ Schedule G, lir | ne |
| | Number Street City | State | ZIP Code | _ | |
| 3.2 | | | | ☐ Schedule D, lir | ne |
| U.L | Name | | | ☐ Schedule E/F, ☐ Schedule G, lii | line |
| | Number | | | — Schedule G, III | |
| | Number Street City | State | ZIP Code | | |

| Fill in this inform | ation to identify your case: | |
|---------------------------------|---|---|
| Debtor 1 | Javier Casares Garcia | |
| Debtor 2 (Spouse, if filing) | | |
| United States Ba | ankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA | |
| Case number (If known) | 1:18-bk-11671 | Check if this is: An amended filing A supplement showing postpetition chapter |
| Official Fo | orm 106I | 13 income as of the following date: MM / DD/ YYYY |

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Describe Employment | | | |
|-----|---|-----------------------|--|---|
| 1. | Fill in your employment information. | | Debtor 1 | Debtor 2 or non-filing spouse |
| | If you have more than one job, | Empleyment status | ■ Employed | ■ Employed |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | ☐ Not employed |
| | employers. | Occupation | Machine Operator | Assistant |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Mason Electric Co. | Me Gusta Gourmet Foods, Inc. |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 13955 Balboa Blvd. Sylmar, CA 91342 | 13752 Van Nuys Blvd. Pacoima, CA 91331 |
| | | How long employed the | nere? 10 years | 17 years |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 5,468.41 \$ 1,300.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 5,468.41 \$ 1,300.00

Official Form 106I Schedule I: Your Income page 1

| Debt | or 1 | Javier Casares Garcia | _ | Cas | se number (if known) | 1:18-b | k-11671 | | |
|------|-----------------------|---|-------|-------|----------------------|--------|--------------------|-----------------|--------------|
| | | | | F | or Debtor 1 | For De | ebtor 2 o | or | |
| | | | | | J. 20210. 1 | | ling spor | | |
| | Cop | by line 4 here | 4. | \$ | 5,468.41 | \$ | 1,30 | | |
| 5. | List | all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | . \$ | 821.79 | \$ | 14: | 2.44 | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | . \$ | 0.00 | \$ | | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | . \$ | 0.00 | \$ | | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 5d. | . \$ | 0.00 | \$ | | 0.00 | |
| | 5e. | Insurance | 5e. | . \$ | 187.39 | \$ | | 0.00 | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | - (| 0.00 | |
| | 5g. | Union dues | 5g. | . \$ | 0.00 | \$ | | 0.00 | |
| | 5h. | Other deductions. Specify: Supp. Ad&D | 5h. | .+ \$ | 11.08 | + \$ | | 0.00 | |
| | | 401(K) | | \$ | 656.20 | \$ | | 0.00 | |
| | | 401K Loan 3 | | \$ | 249.12 | \$ | | 0.00 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 1,925.58 | \$ | 14: | 2.44 | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 3,542.83 | \$ | 1,15 | 7.56 | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | . \$ | 0.00 | \$ | ı | 0.00 | |
| | 8b. | Interest and dividends | 8b. | | 0.00 | \$ | | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive | | . Ψ | 0.00 | Ψ | | <u>5.00</u> | |
| | | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | . \$ | 0.00 | \$ | (| 0.00 | |
| | 8d. | Unemployment compensation | 8d. | | 0.00 | \$ | | 0.00 | |
| | 8e. | Social Security | 8e. | | 0.00 | \$ | | 0.00 | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | | | 0.00 | \$ | | 0.00 | |
| | 8g. | Pension or retirement income | 8g. | . \$ | 0.00 | \$ | | 0.00 | |
| | 8h. | Other monthly income. Specify: | _ 8h. | .+ \$ | 0.00 | + \$ | | 0.00 | |
| 9. | Ado | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | 0.00 | \$ | | 0.00 | |
| 10. | | culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ | 3,542.83 + | 1,15 | 7.56 | \$ | 4,700.39 |
| 11. | Incli othe Do i | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not excify: | depe | | • | | hedule J. 11. + | \$ | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certain lies | | | | | 12. \$ | | 4,700.39 |
| 13. | Do : | you expect an increase or decrease within the year after you file this form No. | ? | | | | | ombin onthly | ed income |
| | _ | Ves Evolain: | | | | | | | |

| | | | | | | 1 | | | |
|------------|--|---|--|---|-----------------------|-------------|----------|-----------------|-------------------------------|
| Fill | in this informa | tion to identify yo | our case: | | | | | | |
| Deb | otor 1 | Javier Casar | es Garcia | a | | | | this is: | |
| Deb | otor 2 | | | | | | | amended filing | ving postpetition chapter |
| (Sp | ouse, if filing) | | | | | | | | the following date: |
| Unit | ted States Bankr | ruptcy Court for the | : CENTR | AL DISTRICT OF CALIFC | PRNIA | | MN | // DD / YYYY | |
| 1 | nown) | 18-bk-11671 | | | | | | | |
| 0 | fficial Fo | rm 106J | | | | • | | | |
| S | chedule | J: Your | Exper | ses | | | | | 12/1 |
| Be info | as complete a ormation. If m mber (if know | and accurate as | s possible. eded, atta ry question | If two married people ar | | | | | |
| 1. | Is this a joir | | ,,,oid | | | | | | |
| | ■ No. Go to | o line 2. s Debtor 2 live i | in a separa | ate household? | | | | | |
| | □ N □ Y | _ | st file Offici | al Form 106J-2, <i>Expenses</i> | s for Separate House | ehold of De | ebtor | 2. | |
| 2. | Do vou have | e dependents? | □ No | | | | | | |
| | Do not list Do Debtor 2. | • | Yes. | Fill out this information for each dependent | Dependent's relati | | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | | □ No |
| | dependents | names. | | | Son | | | 8 years | Yes |
| | | | | | | | | | □ No □ Yes |
| | | | | | | | | | □ No |
| | | | | | | | | | ☐ Yes |
| | | | | | | | | | □ No |
| 2 | Da | | _ | | | | | | ☐ Yes |
| 3. | expenses of | enses include f people other t d your depende | han _ | No Yes | | | | | |
| Est | imate your ex | | our bankrı | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | | |
| the | | n assistance an | | government assistance i luded it on <i>Schedule I:</i>) | | | | Your exp | enses |
| 4. | | or home owners | | ses for your residence. I | nclude first mortgage | e 4. | \$_ | | 2,249.00 |
| | If not includ | led in line 4: | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | | 0.00 |
| | | rty, homeowner's | s, or renter | 's insurance | | 4b. | | | 0.00 |
| | | | | pkeep expenses | | 4c. | | | 0.00 |
| 5. | | owner's associat | | dominium dues our residence, such as ho | me equity loops | 4d. | \$ \$ | | 0.00 |
| J. | Auditioliai | | CITED TOT VC | ar regidelice, SUCH AS NO | me equity idalls | IJ. | · · | | U.UU |

| Debtor 1 Javier Casar | res Garcia | Case number (if know | n) <u>1:18-bk-11671</u> |
|---------------------------|---|---|-------------------------------|
| 6. Utilities: | | | |
| 6a. Electricity, hea | t. natural gas | 6a. \$ | 210.00 |
| • | garbage collection | 6b. \$ | 100.00 |
| | Il phone, Internet, satellite, and cable services | 6c. \$ | 244.00 |
| 6d. Other. Specify: | · · · · · · · · · · · · · · · · · · · | 6d. \$ | 0.00 |
| Food and housekee | | 7. \$ | 423.00 |
| | ren's education costs | 8. \$ | 0.00 |
| Clothing, laundry, a | | 9. \$ | 75.00 |
|). Personal care produ | · · · · · · · · · · · · · · · · · · · | 10. \$ | |
| . Medical and dental | | 11. \$ | 0.00 |
| | ude gas, maintenance, bus or train fare. | П. Ф | 0.00 |
| Do not include car pa | | 12. \$ | 300.00 |
| | s, recreation, newspapers, magazines, and books | 13. \$ | 0.00 |
| | tions and religious donations | 14. \$ | 0.00 |
| . Insurance. | none and rongicus denations | · · · · · · · · · · · · · · · · · · · | 0.00 |
| | ince deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | | 15a. \$ | 0.00 |
| 15b. Health insuran | ce | 15b. \$ | 0.00 |
| 15c. Vehicle insurar | | 15c. \$ | 207.00 |
| 15d. Other insurance | | 15d. \$ | 0.00 |
| | e taxes deducted from your pay or included in lines 4 or 20. | rou. | 0.00 |
| Specify: | , , , | 16. \$ | 0.00 |
| . Installment or lease | | 47- ¢ | 0.00 |
| 17a. Car payments | | 17a. \$ | 0.00 |
| 17b. Car payments | | 17b. \$ | 0.00 |
| | 2nd TD Payment | 17c. \$ | 60.00 |
| 17d. Other. Specify: | | 17d. \$ | 0.00 |
| | limony, maintenance, and support that you did not report | | 0.00 |
| | pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106 umake to support others who do not live with you. | s). | |
| Specify: | a make to support others who do not live with you. | 19. | 0.00 |
| ' ' | expenses not included in lines 4 or 5 of this form or on S | | • |
| 20a. Mortgages on | | 20a. \$ | e. 0.00 |
| 20b. Real estate tax | • • • | 20b. \$ | 0.00 |
| | eowner's, or renter's insurance | 20c. \$ | 0.00 |
| | repair, and upkeep expenses | 20d. \$ | |
| | | · | 0.00 |
| | association or condominium dues | 20e. \$ | 0.00 |
| . Other: Specify: | | 21. +\$ | 0.00 |
| . Calculate your mon | • • | | |
| 22a. Add lines 4 thro | • | \$ | 3,868.00 |
| 22b. Copy line 22 (m | onthly expenses for Debtor 2), if any, from Official Form 106J- | -2 \$ | |
| 22c. Add line 22a and | d 22b. The result is your monthly expenses. | \$ | 3,868.00 |
| 3. Calculate your mon | thly net income. | | |
| | your combined monthly income) from Schedule I. | 23a. \$ | 4,700.39 |
| | othly expenses from line 22c above. | 23b\$ | 3,868.00 |
| | , , | Ţ | 0,000.00 |
| | monthly expenses from your monthly income. | 23c. \$ | 832.39 |
| i ne result is yo | our monthly net income. | 200. Ψ | 302.00 |
| | ncrease or decrease in your expenses within the year after pect to finish paying for your car loan within the year or do you expect | | ncrease or decrease because c |
| modification to the terms | | 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| ■ No. | | | |
| | plain here: | | |

| | | | •. | |
|----------------------------------|--|--------------------------|-------------------------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Javier Casares G | arcia | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filling) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | CENTRAL DISTRICT | OF CALIFORNIA | <u> </u> |
| Case number | 1:18-bk-11671 | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| | | | | |
| Official Forr | m 106Dec | | | |
| | | n Individua | l Debtor's Sched | ules 12/15 |
| | | | | |
| two married pe | eople are filing togethe | r, both are equally resp | onsible for supplying correct info | ormation. |
| | 8 U.S.C. §§ 152, 1341, 1 | | | |
| Diduction | | one who in NOT an atte | orney to help you fill out bankrup | tou forms? |
| Dia you pa | ly or agree to pay some | one who is NOT an acc | intely to help you illi out bankrup | icy forms: |
| ■ No | | | • | |
| ☐ Yes. I | Name of person | | | Attach Bankruptcy Petition Preparer's Notice, |
| | | | | Declaration, and Signature (Official Form 119) |
| | alty of perjury, I declare te true and correct. | that I have read the sur | nmary and schedules filed with t | his declaration and |
| | 14 | | X | |
| | Casares Garcia | | Signature of Debtor 2 | 2 |
| _ | | va | Dete | |
| Date _ | 7-10-18 | , VAIDAD ROWS | Date | |
| | | | | |
| | | | | |

Case 1:18-bk-11671-VK Doc 10 Filed 07/16/18 Entered 07/16/18 13:49:29 Desc Main Document Page 23 of 35

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Central District of California

| In re | Javier Casares Garcia | Debtor(s) | Case No. Chapter | 1:18-bk-11671 13 |
|--------|--|---|-------------------------------|------------------------------------|
| | | Debtot(8) | Chaptor | 10 |
| | DISCLOSURE OF COMPE | NSATION OF ATTORNEY | FOR DE | BTOR(S) |
| 1 | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filling tendered on behalf of the debtor(s) in contemplation | ng of the petition in bankruptcy, or agre | ed to be paid t | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 5,000.00 |
| | Prior to the filing of this statement I have received | | Ś | 2,000.00 |
| | Balance Due | | \$ | 3,000.00 |
| 2. ' | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3, ' | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. | ■ 1 have not agreed to share the above-disclosed com | pensation with any other person unless | they are memb | ers and associates of my law firm. |
| | ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na | | | |
| 1 | In return for the above-disclosed fee, I have agreed to rea. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, state. Representation of the debtor at the meeting of credit | ering advice to the debtor in determining tement of affairs and plan which may be | g whether to f e required; | ile a petition in bankruptcy; |
| 1 | d. [Other provisions as needed] | | | |
| 6. | By agreement with the debtor(s), the above-disclosed fe Representation of the debtors in any di- any other adversary proceeding. | ce does not include the following servic schargeability actions, judicial lie | e: n avoidance | es, relief from stay actions or |
| • | | CERTIFICATION | | |
| this b | I certify that the foregoing is a complete statement of an early proceeding. 7/1/18 Pate | Thomas B. Ure Signature of Attorney | nt to me for re | presentation of the debtor(s) in |
| | | Ure Law Firm 800 West 6th Street., St Los Angeles, CA 90017 | uite 940 | |
| | | 213-202-6070 Fax: 213 tom@urelawfirm.com Name of law firm | -202-6075 | |
| | Line Valentina | | | |

| Fill in this inform | nation to identify your case: |
|---------------------------------|---|
| Debtor 1 | Javier Casares Garcia |
| Debtor 2 (Spouse, if filing) | |
| United States B | ankruptcy Court for the: Central District of California |
| Case number (if known) | 1:18-bk-11671 |

| Check | as directed in lines 17 and 21: | | | | | | |
|---|--|--|--|--|--|--|--|
| According to the calculations required by this Statement: | | | | | | | |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | | |
| • | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | | |
| | 3. The commitment period is 3 years. | | | | | | |
| | 4. The commitment period is 5 years. | | | | | | |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Calculate Your Average Monthly Income Part 1: 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 5,468.41 1,300.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 \$ Net monthly income from rental or other real property

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case 1:18-bk-11671-VK Doc 10 Filed 07/16/18 Entered 07/16/18 13:49:29 Desc

Main Document Page 25 of 35

Case number (*if known*) 1:18-bk-11671

| | | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing | | |
|-----|--|--|-------------------|-------------------|-------|---------------------------------|------------|--------------|
| 7. | Interest, dividends, and royalties | | | \$ | 0.00 | \$ | 0.00 | |
| | Unemployment compensation | | | \$ | 0.00 | \$ | 0.00 | |
| | Do not enter the amount if you contend that the an the Social Security Act. Instead, list it here: | nount received was a ben | efit under | | | | | |
| | For you | \$ | 0.00 | | | | | |
| | For your spouse | \$ | 0.00 | | | | | |
| 9. | Pension or retirement income. Do not include ar benefit under the Social Security Act. | | vas a | \$ | 0.00 | \$ | 0.00 | |
| 10. | Income from all other sources not listed above Do not include any benefits received under the So received as a victim of a war crime, a crime agains domestic terrorism. If necessary, list other sources total below. | cial Security Act or payment t humanity, or internation | ents al or | | | | | |
| | | | | \$ | 0.00 | \$ | 0.00 | |
| | | | | \$ | 0.00 | \$ | 0.00 | |
| | Total amounts from separate pages, if an | y. | + | \$ | 0.00 | \$ | 0.00 | |
| 11. | . Calculate your total average monthly income. A each column. Then add the total for Column A to the state of | | \$ | 5,468.41 | + \$_ | 1,300.00 | = \$ | 6,768.41 |
| art | | | | | | | mo | nthly income |
| 12. | Copy your total average monthly income from | line 11. | | | | | \$ | 6,768.41 |
| 13. | . Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. | | | | | | | |
| | You are married and your spouse is filing with | you Fill in 0 holow | | | | | | |
| | _ | | | | | | | |
| | You are married and your spouse is not filing Fill in the amount of the income listed in line dependents, such as payment of the spouse! | 11, Column B, that was N | | | | | | |
| | Below, specify the basis for excluding this incadjustments on a separate page. | • | | | | | • | |
| | If this adjustment does not apply, enter 0 belo | ow. | | | | | | |
| | | | _ \$ | | _ | | | |
| | | | _ \$ | | _ | | | |
| | | | _ + \$ | | | | | |
| | Total | | \$ | 0.00 |) c | opy here=> | | 0.00 |
| 14. | . Your current monthly income. Subtract line 13 | from line 12. | | | | | \$ | 6,768.41 |
| 15. | . Calculate your current monthly income for the | year. Follow these step | s: | | | | | 0.700 11 |
| | 15a. Copy line 14 here=> | | | | | | \$ | 6,768.41 |
| | Multiply line 15a by 12 (the number of mon | ths in a year). | | | | | X ' | 12 |
| | 15b. The result is your current monthly income f | or the year for this part of | the form. | | | | \$ | 31,220.92 |

Javier Casares Garcia

Debtor 1

Case 1:18-bk-11671-VK Doc 10 Filed 07/16/18 Entered 07/16/18 13:49:29 Desc

Case number (if known) 1:18-bk-11671

Main Document Page 26 of 35

| 16a. Fill in the state in which you live. CA 16b. Fill in the number of people in your household. 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link spe instructions for this form. This list may also be available at the bankruptcy clerk's How do the lines compare? 17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of You 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable I your current monthly income from line 14 above. | s office. rm, check box 1, <i>Disposable incon</i> ir <i>Disposable income</i> (Official Forr box 2, <i>Disposable income is deter</i> | n 122C-2). mined und | 79,061.00 etermined und |
|---|---|-------------------------|-------------------------------------|
| 16b. Fill in the number of people in your household. 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link spe instructions for this form. This list may also be available at the bankruptcy clerk's How do the lines compare? 17a. □ Line 15b is less than or equal to line 16c. On the top of page 1 of this form 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your 17b. ■ Line 15b is more than line 16c. On the top of page 1 of this form, check 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable I | cified in the separate s office. rm, check box 1, <i>Disposable incon</i> ir <i>Disposable income</i> (Official Forr box 2, <i>Disposable income is deter</i> | n 122C-2). mined und | etermined und |
| 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link spe instructions for this form. This list may also be available at the bankruptcy clerk's How do the lines compare? 17a. □ Line 15b is less than or equal to line 16c. On the top of page 1 of this form 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your 17b. ■ Line 15b is more than line 16c. On the top of page 1 of this form, check 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable I | cified in the separate s office. rm, check box 1, <i>Disposable incon</i> ir <i>Disposable income</i> (Official Forr box 2, <i>Disposable income is deter</i> | n 122C-2). mined und | etermined und |
| 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link spe instructions for this form. This list may also be available at the bankruptcy clerk's How do the lines compare? 17a. □ Line 15b is less than or equal to line 16c. On the top of page 1 of this form 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your 17b. ■ Line 15b is more than line 16c. On the top of page 1 of this form, check 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable I | cified in the separate s office. rm, check box 1, <i>Disposable incon</i> ir <i>Disposable income</i> (Official Forr box 2, <i>Disposable income is deter</i> | n 122C-2). mined und | etermined und |
| Line 15b is less than or equal to line 16c. On the top of page 1 of this for 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of You Line 15b is more than line 16c. On the top of page 1 of this form, check 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable I | ir Disposable Income (Official Forr box 2, Disposable income is deter | n 122C-2). mined und | etermined und |
| 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of You 17b. Line 15b is more than line 16c. On the top of page 1 of this form, check 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable I | ir Disposable Income (Official Forr box 2, Disposable income is deter | n 122C-2). mined und | etermined und |
| 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable I | box 2, Disposable income is deter | mined und | |
| your content morning moonie from the 14 above. | income (Official Form 122C-2). (| On line 39 | ler 11 U.S.C. § of that form, co |
| t 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) | | | |
| Copy your total average monthly income from line 11 . | | \$ | 6,768.4 |
| Deduct the marital adjustment if it applies. If you are married, your spouse is not f contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows spouse's income, copy the amount from line 13. 19a. If the marital adjustment does not apply, fill in 0 on line 19a. | filing with you, and you you to deduct part of your | -\$ | 0.00 |
| 19b. Subtract line 19a from line 18. | | \$ | 6,768.41 |
| Calculate your current monthly income for the year. Follow these steps: | | | |
| 20a. Copy line 19b | | \$ | 6,768.41 |
| Multiply by 12 (the number of months in a year). | | <u> </u> | 12 |
| 20b. The result is your current monthly income for the year for this part of the form | | \$ | 81,220.92 |
| | | | |
| | • | | |
| 20c. Copy the median family income for your state and size of household from line 1 | 6c | \$ | 79,061.00 |
| 21. How do the lines compare? | e e | L | |
| ☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the period is 3 years. Go to Part 4. | ne top of page 1 of this form, check | k box 3, <i>Tf</i> | ie commitmen |
| Line 20b is more than or equal to line 20c. Unless otherwise ordered by the commitment period is 5 years. Go to Part 4. | e court, on the top of page 1 of thi | s form, che | eck box 4, The |
| t4: Sign Below | | | |
| By signing here, under penalty of perjury I declare that the information on this statem | nent and in any attachments is true | and corre | ct. |
| X Music | • | | |
| Javier Casares Garcia | 1. | | |
| Signature of Debtor 1 | | | |
| Date MM/DD /YYYY | | | |
| If you checked 17a, do NOT fill out or file Form 122C-2. | | | |

Javier Casares Garcia

| Fill | in this inf | ormation to identify your case: | | |
|------|---------------------------|--|-------------------------------------|-------------------------------|
| Del | btor 1 | Javier Casares Garcia | | |
| | btor 2 oouse, if filir | g) | | |
| Uni | ited States | Bankruptcy Court for the: Central District of California | | |
| Ca | se number | 1:18-bk-11671 | | |
| | known) | 1.10-BR-11071 | ☐ Check if th | is is an amended filing |
| | cial Form ' | 22C-2 13 Calculation of Your Disposable In | come | 04/1 |
| | | form, you will need your completed copy of <i>Chapter 13 Statemer</i> Period (Official Form 122C-1). | nt of Your Current Monthly Incom | me and Calculation of |
| spa | ce is need | e and accurate as possible. If two married people are filing toget ed, attach a separate sheet to this form, Include the line number t es, write your name and case number (if known). | | |
| Pa | rt 1: Ca | lculate Your Deductions from Your Income | | |
| t | he questic | I Revenue Service (IRS) issues National and Local Standards for ns in lines 6-15. To find the IRS standards, go online using the li may also be available at the bankruptcy clerk's office. | | |
| (| expenses if | expense amounts set out in lines 6-15 regardless of your actual expertible are higher than the standards. Do not include any operating expedid not deduct any amounts that you subtracted from your spouse's | enses that you subtracted from inc | come in lines 5 and 6 of Form |
| ı | f your expe | nses differ from month to month, enter the average expense. | | |
| 1 | Note: Line r | umbers 1-4 are not used in this form. These numbers apply to inform | ation required by a similar form us | ed in chapter 7 cases. |
| Ę | 5. The n | ımber of people used in determining your deductions from incon | ne | |
| | plus th | ne number of people who could be claimed as exemptions on your fer e number of any additional dependents whom you support. This numb mber of people in your household. | | 3 |
| ı | National St | andards You must use the IRS National Standards to answ | er the questions in lines 6-7. | |
| | | | | |
| (| | clothing, and other items: Using the number of people you entered ards, fill in the dollar amount for food, clothing, and other items. | in line 5 and the IRS National | \$1,384.00 |
| | | | | |

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Official Form 22C-2

Case 1:18-bk-11671-VK Doc 10 Filed 07/16/18 Entered 07/16/18 13:49:29 Desc

Main Document Page 28 of 35

| btor 1 | | | | | Case number (| _ | 1:18-bk-116 | <u> </u> |
|--------------------|--|---|---|---|--|-------------------------|--------------------------|---------------------------------|
| Peo | ple v | who are under 65 years of age | | | | | | |
| | 7a. | Out-of-pocket health care allowance per person | \$ | 52 | | | | |
| | 7b. | Number of people who are under 65 | х ; | 3 | | | | |
| | 7c. | Subtotal. Multiply line 7a by line 7b. | \$ 15 | 6.00 | Copy here | => \$ | 156.00 | |
| Peo | ple v | who are 65 years of age or older | | | | | | |
| | 7d. | Out-of-pocket health care allowance per person | \$ | 114 | | | | |
| | 7e. | Number of people who are 65 or older | X | 0 | | | | |
| | 7f. | Subtotal. Multiply line 7d by line 7e. | \$ | 0.00 | Copy here | => \$ | 0.00 | |
| | 7g. | Total. Add line 7c and line 7f | | \$ | 156.00 | Сору | y total here=> | \$156.00 |
| Loca | al St | tandards You must use the IRS Local Standards | to answer the q | questions in I | ines 8-15. | | | |
| | | on information from the IRS, the U.S. Trustee Protcy purposes into two parts: | ogram has divi | ded the IRS | Local Standa | rd for hou | sing for | |
| H | lous | sing and utilities - Insurance and operating expe | nses | | | | | |
| | | sing and utilities - Mortgage or rent expenses | | | | | | |
| Тоа | insw arate | ver the questions in lines 8-9, use the U.S. Trust e instructions for this form. This chart may also | be available at | t the bankru | ptcy clerk's of | ffice. | | pecified in the |
| To a sepa 8. | nsw arate Hou in th | e instructions for this form. This chart may also using and utilities - Insurance and operating explored the dollar amount listed for your county for insurance. | be available at benses: Using t | t the bankru the number c | ptcy clerk's of | ffice. | | |
| To a sepa 8. | nsw arate Hou in th | e instructions for this form. This chart may also using and utilities - Insurance and operating ex | be available at benses: Using the and operating fill in the dollar | t the bankru the number of expenses. | ptcy clerk's of | ffice. | | |
| To a sepa 8. | nsw arate Hou in th Hou 9a. | e instructions for this form. This chart may also using and utilities - Insurance and operating explied dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5 listed for your county for mortgage or rent expenses. | be available at benses: Using to and operating fill in the dollar es. | t the bankru the number of expenses. amount | ptcy clerk's or of people you e | ffice. ntered in lir | ne 5, fill \$ | |
| To a sepa 8. | nsw arate Hou in th Hou 9a. | e instructions for this form. This chart may also using and utilities - Insurance and operating explied dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5. | be available at benses: Using to and operating fill in the dollar es. and other debts add all amounts | t the bankru the number of expenses. amount s secured by that are | ptcy clerk's or of people you e | ffice. ntered in lir | ne 5, fill \$ | |
| Тоа | nsw arate Hou in th Hou 9a. | e instructions for this form. This chart may also using and utilities - Insurance and operating explied dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5 listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages. To calculate the total average monthly payment, a contractually due to each secured creditor in the operations. | be available at penses: Using to and operating fill in the dollar es. and other debts add all amounts 60 months after | t the bankru the number of expenses. amount s secured by that are you file | ptcy clerk's or of people you e | ffice. ntered in lir | ne 5, fill \$ | |
| To a sepa 8. | nsw arate Hou in th Hou 9a. | e instructions for this form. This chart may also using and utilities - Insurance and operating explied dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5 listed for your county for mortgage or rent expense. Total average monthly payment for all mortgages. To calculate the total average monthly payment, a contractually due to each secured creditor in the form of the form | be available at penses: Using to and operating fill in the dollar es. and other debts add all amounts 60 months after | t the bankru the number of expenses. amount s secured by that are you file | ptcy clerk's or of people you e | ffice. ntered in lir | ne 5, fill \$ | pecified in the |
| To a sepa 8. | nsw arate Hou in th Hou 9a. | e instructions for this form. This chart may also using and utilities - Insurance and operating explied dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expense. Total average monthly payment for all mortgages. To calculate the total average monthly payment, a contractually due to each secured creditor in the for bankruptcy. Next divide by 60. Name of the creditor | be available at penses: Using to and operating fill in the dollar es. and other debts add all amounts 60 months after | t the bankru the number of expenses. amount s secured by that are tyou file ge monthly nt | ptcy clerk's of f people you e | ffice. ntered in lir | ne 5, fill \$ | |
| To a sepa 8. | nsw arate Hou in th Hou 9a. | e instructions for this form. This chart may also using and utilities - Insurance and operating explied dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5 listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages. To calculate the total average monthly payment, a contractually due to each secured creditor in the for bankruptcy. Next divide by 60. Name of the creditor Wells Fargo Home Mortgage | be available at penses: Using to and operating fill in the dollar es. and other debts add all amounts 60 months after Averag payments \$ | t the bankru the number of expenses. amount s secured by that are you file ge monthly nt 2,249.00 | ptcy clerk's of people you e | ffice. ntered in lir | ne 5, fill \$ | |
| To a sepa 8. | nsw arate Hou in th Hou 9a. | e instructions for this form. This chart may also using and utilities - Insurance and operating explied dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5 listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages. To calculate the total average monthly payment, a contractually due to each secured creditor in the for bankruptcy. Next divide by 60. Name of the creditor Wells Fargo Home Mortgage Wells Fargo Home Mortgage | be available at penses: Using to and operating fill in the dollar es. and other debts add all amounts 60 months after Averag payments \$ | t the bankru the number of expenses. amount s secured by that are you file ge monthly nt 2,249.00 60.00 | ptcy clerk's of people you end | ffice. ntered in lii | ne 5, fill \$ | 633.00 |
| To a sepa 8. | nnswnnswnnshnsknsknsknsknsknsknsknsknsknsknsknsknskn | e instructions for this form. This chart may also using and utilities - Insurance and operating explied dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5 listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages. To calculate the total average monthly payment, a contractually due to each secured creditor in the for bankruptcy. Next divide by 60. Name of the creditor Wells Fargo Home Mortgage Wells Fargo Home Mortgage 9b. Total average monthly payment | be available at penses: Using to and operating fill in the dollar es. and other debts add all amounts 60 months after Averag payment \$ | t the bankru the number of expenses. amount s secured by that are you file ge monthly nt 2,249.00 60.00 2,309.00 | ptcy clerk's of people you end | ffice. ntered in lii | 2,089.00 2,309.00 Copy | Repeat this amount on line 33a. |

Debtor 1 Javier Casares Garcia Case number (if known) 1:18-bk-11671

| 4.4 | Land to a second of the second | de e Como de Colonia do Colonia | | | | |
|------|--|---------------------------------|------------------------|--|------------------------|--------|
| 11. | Local transportation expenses: Check the number of vehic | cies for which you claim a | an ownersnip or o | perating expens | e. | |
| | □ 0. Go to line 14. | | | | | |
| | ☐ 1. Go to line 12. | | | | | |
| | 2 or more. Go to line 12. | | | | | |
| 12. | Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for | | | | \$ | 578.00 |
| 13. | Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles. | | | | | |
| Ve | Describe Vehicle 1: | | | | | |
| 13a. | Ownership or leasing costs using IRS Local Standard | | \$ | 0.00 | | |
| 13b. | Average monthly payment for all debts secured by Vehicle 1. | | | | | |
| | Do not include costs for leased vehicles. | | | | | |
| | To calculate the average monthly payment here and on line 1 are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60. | | t | | | |
| | Name of each creditor for Vehicle 1 | Average monthly payment | | | | |
| | -NONE- | \$ | | | | |
| | Total Average Monthly Payment | \$ | Copy here => -\$ | o oo ama | peat this punt on 33b. | |
| 13c. | Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0 | , enter \$0 | | 0.00 Copy n Vehicle expens => | 1 | 0.00 |
| Ve | nicle 2 Describe Vehicle 2: | | | | | |
| 13d. | Ownership or leasing costs using IRS Local Standard | | \$ | 0.00 | | |
| 13e. | Average monthly payment for all debts secured by Vehicle 2. leased vehicles. | Do not include costs for | | | | |
| | Name of each creditor for Vehicle 2 | Average monthly payment | | | | |
| | -NONE- | \$ | | | | |
| | Total average monthly payment | \$0.00 | Copy here => -\$ | 0.00 Repeat amoun 33c. | t this t on line | |
| 401 | Not Velicle O conservation and a conservation | | _ | Comus | -4 | |
| 131. | Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this number is less than \$0 | enter \$0 | | Copy n Vehicle | 2 | |
| | Subtract line 13e nom line 13d. It tills number is less trait \$0 | , επιει ψυ | | 0.00 expens | se here \$ | 0.00 |
| 14. | Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of v | | | ls, fill in the | \$ | 0.00 |
| 15. | Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in w not claim more than the IRS Local Standard for <i>Public Transp</i> | hat you believe is the ap | | | \$ | 0.00 |

Debtor 1 Javier Casares Garcia Case number (if known) 1:18-bk-11671

| | er Necessary Expenses | the following IRS categ | | listed above | , you are allowed your monthly expenses | ofor | |
|----------------|--|--|--|--|--|-------------|----------|
| 16. | self-employment taxes, so | ocial security taxes, and N However, if you expect to from the total monthly am | Medicare taxes receive a tax | . You may ind refund, you m | nd local taxes, such as income taxes, clude the monthly amount withheld from nust divide the expected refund by 12 for taxes. | \$ | 964.23 |
| 17. | Involuntary deductions: contributions, union dues, | | deductions th | at your job re | quires, such as retirement | | |
| | Do not include amounts the | nat are not required by yo | ur job, such as | voluntary 40 | 01(k) contributions or payroll savings. | \$ | 0.00 |
| 18. | filing together, include pay | ments that you make for for life insurance on your | your spouse's | term life insu | e insurance. If two married people are urance. g spouse's life insurance, or for any form | \$ | 0.00 |
| 19. | Court-ordered payments administrative agency, su Do not include payments | ch as spousal or child sup | pport payments | 3. | by the order of a court or You will list these obligations in line 35. | \$ | 0.00 |
| 20. | Education: The total mor | thly amount that you pay | for education | that is either | required: | | |
| | as a condition for your | • | | | | • | 0.00 |
| | | | | • | ation is available for similar services. | \$ | 0.00 |
| 21. | Do not include payments | | | • | sitting, daycare, nursery, and preschool. | \$ | 0.00 |
| 22. | | alth and welfare of you or int. Include only the amou | your depende unt that is more | nts and that is than the tota | | \$ | 0.00 |
| 23. | for you and your depende phone service, to the exterincome, if it is not reimbur | nts, such as pagers, call nt necessary for your hea sed by your employer. | waiting, caller alth and welfar | identification, e or that of yo | you pay for telecommunication services special long distance, or business cell our dependents or for the production of rvice. Do not include self-employment | | |
| | expenses, such as those | reported on line 5 of Office | | | nount you previously deducted. | +\$ | 0.00 |
| 24. | Add all of the expenses | • | ial Form 122C | -1, or any am | | + \$ | 3,715.23 |
| | • | allowed under the IRS one | expense allow | -1, or any am vances. allowed by the | nount you previously deducted. | | |
| Add | Add all of the expenses Add lines 6 through 23. litional Expense Deduction | allowed under the IRS of the search addition Note: Do not includity insurance, and heal | expense allow nal deductions ide any expensith savings ac | -1, or any am vances. allowed by the allowances allowances allowances acount exper | nount you previously deducted. | \$ | |
| Add | Add all of the expenses Add lines 6 through 23. litional Expense Deduction Health insurance, disabinsurance, disabinsurance, disability insurance | allowed under the IRS of the search addition Note: Do not includity insurance, and heal | expense allow nal deductions ide any expensith savings ac | -1, or any am vances. allowed by the allowances allowances allowances acount exper | the Means Test. s listed in lines 6-24. nses. The monthly expenses for health | \$ | |
| Add | Add all of the expenses Add lines 6 through 23. litional Expense Deduction Health insurance, disabinsurance, disability insurayour dependents. | allowed under the IRS of the search addition Note: Do not includity insurance, and heal | expense allow nal deductions ide any expense th savings ac accounts that | -1, or any am | the Means Test. s listed in lines 6-24. nses. The monthly expenses for health | \$ | |
| Add | Add all of the expenses Add lines 6 through 23. litional Expense Deduction Health insurance, disabinsurance, disability insurance your dependents. Health insurance | allowed under the IRS of the search addition Note: Do not includity insurance, and heal | expense allow nal deductions ide any expense lth savings ac accounts that | rances. allowed by the se allowances acount experimer are reasonab | the Means Test. s listed in lines 6-24. nses. The monthly expenses for health | \$ | |
| Add | Add all of the expenses Add lines 6 through 23. litional Expense Deduction Health insurance, disabinsurance, disability insurance your dependents. Health insurance Disability insurance | allowed under the IRS of the search addition Note: Do not includity insurance, and heal | expense allow nal deductions ide any expense lth savings ac accounts that | -1, or any am vances. allowed by the se allowances occunt experiment are reasonabed occurs. | the Means Test. s listed in lines 6-24. nses. The monthly expenses for health | \$ | |
| Add | Add all of the expenses Add lines 6 through 23. litional Expense Deduction Health insurance, disabinsurance, disability insurance of the control of the co | allowed under the IRS of the IRS | expense allow nal deductions ide any expens th savings ac accounts that + \$ | -1, or any am vances. allowed by the eallowances. count experare reasonab 0.00 0.00 0.00 | the Means Test. Is listed in lines 6-24. Inses. The monthly expenses for health olly necessary for yourself, your spouse, o | \$r | 3,715.23 |
| Add | Add all of the expenses Add lines 6 through 23. litional Expense Deduction Health insurance, disabinsurance, disability insurance of the control of the co | allowed under the IRS of the IRS | expense allow nal deductions ide any expens th savings ac accounts that + \$ | -1, or any am vances. allowed by the eallowances. count experare reasonab 0.00 0.00 0.00 | the Means Test. Is listed in lines 6-24. Inses. The monthly expenses for health olly necessary for yourself, your spouse, o | \$r | 3,715.23 |
| Add 25. | Add all of the expenses Add lines 6 through 23. litional Expense Deduction Health insurance, disability insurance, disability insurance Disability insurance Disability insurance Health savings account Total Do you actually spend this No. How much do Yes Continued contributions continue to pay for the rea | allowed under the IRS of the care of household and necessary of the care of household and necessary of the care of your immediate familiary on the IRS of the care of household and necessary of the care of your immediate familiary on the IRS of the care of household and necessary of your immediate familiary of the IRS | pare and supportly who is unab | -1, or any am vances. allowed by the eallowances. count experare reasonab 0.00 0.00 0.00 0.00 onembers. The ort of an elder le to pay for significance in the count of an elder let to pay for significance in the count of an elder let to pay for significance in the count of an elder let to pay for significance in the count of an elder let to pay for significance in the count of an elder let to pay for significance in the count of an elder let to pay for significance in the count of an elder let to pay for significance in the count of the cou | he Means Test. Is listed in lines 6-24. Inses. The monthly expenses for health oly necessary for yourself, your spouse, o Copy total here=> e actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may | \$r | 3,715.23 |
| 25. | Add all of the expenses Add lines 6 through 23. litional Expense Deduction Health insurance, disabinsurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this No. How much do Yes Continued contributions continue to pay for the reayour household or member include contributions to ar Protection against famile | These are additional Note: Do not included in the IRS of the IRS o | expense allow nal deductions ide any expense accounts that | allowed by the se allowances. allowed by the se allowances. count experiment are reasonable on the second on the | he Means Test. Is listed in lines 6-24. Inses. The monthly expenses for health oly necessary for yourself, your spouse, o Copy total here=> e actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may | \$r | 0.00 |

Case 1:18-bk-11671-VK Doc 10 Filed 07/16/18 Entered 07/16/18 13:49:29 Desc Main Document Page 31 of 35

| btor 1 | Javier Casares Garcia | | Case number (if kn | own) | 1:18 | 3-bk-1 | 1671 | |
|--------|---|---|--------------------|--------|------------------------------|---------|-------|-------------|
| | Additional home energy costs. Your hom line 8. | e energy costs are included in your insura | ance and opera | ting 6 | expens | es on | | |
| | If you believe that you have home energy of 8, then fill in the excess amount of home er | | costs included i | in ex | oenses | on line |) | |
| | You must give your case trustee document amount claimed is reasonable and necessa | | ust show that th | e ad | ditional | | \$_ | 0.00 |
| ; | Education expenses for dependent child \$160.42* per child) that you pay for your de public elementary or secondary school. | | | | | | | |
| | You must give your case trustee document claimed is reasonable and necessary and r | | ust explain why | the a | amount | | | |
| , | * Subject to adjustment on 4/01/19, and eve | ery 3 years after that for cases begun on c | or after the date | of a | djustme | ent. | \$_ | 0.00 |
| I | Additional food and clothing expense. Thigher than the combined food and clothing than 5% of the food and clothing allowance | allowances in the IRS National Standard | | | | | | |
| | To find a chart showing the maximum addit instructions for this form. This chart may als | | | sepai | ate | | | |
| • | You must show that the additional amount | claimed is reasonable and necessary. | | | | | \$_ | 0.0 |
| | Continuing charitable contributions. The instruments to a religious or charitable orga | | te in the form of | f cas | n or fina | ancial | | |
| ŀ | Do not include any amount more than 15% | of your gross monthly income. | | | | | \$_ | 0.0 |
| | Add all of the additional expense deduct Add lines 25 through 31. | tions. | | | | | \$_ | 0.00 |
| Dedu | ictions for Debt Payment | | | | | | | |
| | or debts that are secured by an interest pans, and other secured debt, fill in lines | | me mortgages | , veh | icle | | | |
| T | o calculate the total average monthly paym reditor in the 60 months after you file for ba | ent, add all amounts that are contractually | / due to each se | ecure | ed | | | |
| | Mortgages on your home | | | | | | Avera | age monthly |
| 33a. | Copy line 9b here | | | | | => | \$ | 2,309.00 |
| | Loans on your first two vehicles | | | | | | | |
| 33b. | Copy line 13b here | | | | | => | \$ | 0.00 |
| 33c. | | | | | | => | \$ | 0.00 |
| 33d. | List other secured debts: | | | | | | - | |
| | e of each creditor for other secured debt | Identify property that secures the debt | | inclu | s paym ide tax isuranc | es | | |
| | | | | | No | | | |
| | -NONE- | | | | Yes | | \$ | |
| | | | | _ | | | Ψ | |
| | | | | | No | | | |
| | | | | | Yes | | \$ | |
| | | | | | No | | | |
| | | | | | Yes | + | \$ | |
| | | | | | | 7 | | |
| | | s 33a through 33d | \$ 2 | 2,30 | | Copy | | 2,309.00 |

Main Document Page 32 of 35

| ebtor 1 | Javie | er Casares Garcia | | | Cas | e number (if know | n) <u>1:</u> | 18-bk-1167 | ' 1 | |
|-----------------|-------------------|---|--|--|-----------|-------------------|--------------|-------------------------|------------|----------|
| | | lebts that you listed in lin property necessary for yo | | | |) , | | | | |
| | No. | Go to line 35. | | | | | | | | |
| | | State any amount that you listed in line 33, to keep po Next, divide by 60 and fill i | ssession of your property | | | | | | | |
| Name | of the o | creditor | Identify property that see | cures the debi | : | Total cure an | ount | | nthly c | ure |
| Well | ls Farg | go Home Mortgage | 503 N Alexander St CA 91340 Los Ang | eles Count | | 41,0 | | ÷ 60 = \$ - | | 683.33 |
| | | | | | \$ | | | ÷ 60 = +\$ _ | | |
| | | | | | Total | \$ | 683.33 | Copy total here=> | \$ | 683.33 |
| | | | | | | | | | | |
| _ | Yes. | Go to line 36. Fill in the total amount of a ongoing priority claims, su Total amount of all past-o | . , | ne 19. | | \$ | 0.00 | ÷ 60 | \$ | 0.00 |
| 36. Pr | ojected | I monthly Chapter 13 plan | n payment | | | \$ | | _ | | |
| Of the To | fice of the Execu | ultiplier for your district as the United States Courts (for tive Office for United States of district multipliers that inclustructions for this form. This lis | or districts in Alabama and s Trustees (for all other dis udes your district, go online us | North Carolinatricts). Sing the link spe | na) or by | х | | 7 | | |
| Av | verage n | monthly administrative expe | ense | | | \$ | | Copy total here=> \$ | | |
| | | of the deductions for deb s 33e through 36. | t payment. | | | | | \$ | S | 2,992.33 |
| Total I | Deduct | ions from Income | | | | | | | | |
| 38. A d | dd all of | f the allowed deductions. | | | | | | | | |
| C e | Copy line | e 24, All of the expenses a | llowed under IRS | \$ | 3,715.23 | 3 | | | | |
| | | e 32, All of the additional e. | | | 0.00 |) | | | | |
| C | Copy line | e 37, All of the deductions | for debt payment | +\$ | 2,992.33 | <u>3</u> | | | | |
| _ | عداد احدد | ductions | | \$ | 6,707.56 | Copy tota | al here= | > \$ | | 6,707.56 |

Case 1:18-bk-11671-VK Doc 10 Filed 07/16/18 Entered 07/16/18 13:49:29

Main Document Page 33 of 35 **Javier Casares Garcia** Case number (*if known*) 1:18-bk-11671 Debtor 1 Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) Part 2: 39. Copy your total current monthly income from line 14 of Form 122C-1. Chapter 13 6.768.41 Statement of Your Current Monthly Income and Calculation of Commitment Period. 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably 0.00 necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as 0.00 specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => 6,707.56 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense Сору 0.00 0.00 Total \$ here=> \$ Copy 44. **Total adjustments.** Add lines 40 through 43. 6.707.56 6.707.56 here=> -\$ 60.85 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. Part 3: Change in Income or Expenses 46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Line Reason for change Date of change Increase or Amount of change decrease? ☐ 122C-1 ☐ Increase ☐ Decrease ☐ 122C-2

Official Form 122C-2

☐ 122C-1

☐ 122C-2

□ 122C-1

☐ 122C-2

☐ 122C-1

☐ 122C-2

☐ Increase

☐ Decrease

☐ Increase

☐ Decrease

☐ Increase

☐ Decrease

Case 1:18-bk-11671-VK Doc 10 Filed 07/16/18 Entered 07/16/18 13:49:29 Desc Main Document Page 34 of 35

Javier Casares Garcia Debtor 1

Case number (*if known*) 1:18-bk-11671

Part 4:

Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

Javier Casares Garcia Signature of Debtor 1

Javier Casares Garcia 503 N Alexander St. San Fernando, CA 91340

Thomas B. Ure Ure Law Firm 800 West 6th Street., Suite 940 Los Angeles, CA 90017

Comenity - Lane Bryant Retail P.O. Box 659728 San Antonio, TX 78265-9728

Fingerhut P.O. Box 166 Newark, NJ 07101

Home Depot Credit Services P.O. Box 78011 Phoenix, AZ 85062

Wells Fargo Home Mortgage P.O. Box 51120 Los Angeles, CA 90051

Wells Fargo Home Mortgage P.O. Box 51120 Los Angeles, CA 90051-5420